

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00473918</div>		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>					
Full Name (Last, First, Middle Initial) of Payee Adelstein Liston			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 10 / 17 / 2012		
Mailing Address 222 W. Ontario St Ste 600			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">19445.00</div>		
City Chicago State IL Zip Code 60654		Transaction ID : SE-6206			
Purpose of Expenditure TV Production		Category/ Type <div style="border: 1px solid black; padding: 2px;"> </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: WI District: <div style="border: 1px solid black; padding: 2px;"> </div>
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1752827.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <div style="border: 1px solid black; padding: 2px;"> </div>		
Full Name (Last, First, Middle Initial) of Payee			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>		
City State Zip Code		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px;"> </div>	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		State: District: <div style="border: 1px solid black; padding: 2px;"> </div>
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <div style="border: 1px solid black; padding: 2px;"> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures.....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(c) TOTAL Independent Expenditures.....</p> </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">19445.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px;">19445.00</div> </div> </div>					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p>Signature <u>Caroline Fines</u></p> </div> <div style="width: 20%; text-align: center;"> <p>[Electronically Filed]</p> </div> <div style="width: 20%; text-align: center;"> <p>Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 10 / 17 / 2012</p> </div> <div style="width: 20%;"></div> </div>					